

GS.IV There are sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.

From OSEP letter on Self-Assessment dated 03/2003:

OSEP cannot determine from the Self-Assessment the extent to which there are shortages of qualified personnel (including public and private service providers, service coordinators and paraprofessionals) to provide early intervention services, and, if there are, the impact of such shortages on the provision of timely and appropriate services to infants and toddlers and their families, as specified in their IFSPs.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2002 through June 30, 2003)

Provision of Services

- Intake Service Coordination is provided through contracts with the Lead Agency. Through a system of 26 System Points of Entry (SPOEs), intake service coordinators accept referrals and coordinate the evaluation process to determine eligibility for the Part C system.
- DMH, through the interagency agreement, funds ongoing Service Coordination for up to 2300 eligible infants and toddlers. Service coordination for all other eligible infants and toddlers is provided via independent service coordinators who have contractual agreements with the lead agency. All service coordinators are enrolled with the Central Finance Office and are listed on the State's Provider Matrix, which allows families to select their ongoing service coordinator. These systems of service coordination provide choice for families as well as the timely selection of service coordinators by families.
- Qualified personnel who are under contract with DESE provide all other early intervention services required by Part C. These providers bill the Central Finance Office (CFO). The CFO in turn, bills Department of Social Services (Medicaid) who reimburses the CFO per the interagency agreement between DMS and DESE.
- Payments to providers in Missouri's Part C system are based on the state's Medicaid reimbursement rate. This rate includes a natural environments incentive for services provided in those settings. As a result, the state's Medicaid office will not approve any added payment for travel expenses incurred by providers when serving children in the natural environment. Missouri is primarily a rural state and attracting providers to the Part C system is challenging when the pay rate is so low and providers must drive long distances to serve children with no reimbursement for the time on the road or the costs associated with the travel.

SPOE Intake Coordinators	Average Monthly Referrals*	Intake Service Coordinator FTE**	Average Referrals per Intake Coordinator per Month
St. Louis (Region 2)	142.79	8.50	16.80
St. Charles (Region 1)	35.71	6.00	5.95
Other Phase 1 SPOEs (Regions 4, 5, 6)	35.00	9.75	3.59
Kansas City (Region 9)	61.50	3.50	17.57
Springfield (Region 13)	27.50	1.00	27.50
Jefferson County (Region 3)	26.25	1.50	17.50
Other Phase 2 SPOEs	147.75	15.85	9.32

* See data in CC.I

** Intake Coordinator needs as outlined in contractors' bids for SPOE regions

Providers of Special Education Services by Service Type and Caseload

	6/30/2003				
Provider Type	A Number of Children Receiving Services	B Number of Enrolled Providers	C Number of Providers Providing Services	D Average Caseload	E Percent of Providers Providing Services
ABA	58	218	126	0.46	57.8%
Assistive Technology Providers	325	105	59	5.51	56.2%
Audiologist	79	22	11	7.18	50.0%
Interpreters (Bilingual and Sign)	38	29	16	2.38	55.2%
Nurses	77	33	9	8.56	27.3%
Nutritionists	209	10	9	23.22	90.0%
Occupational Therapists	1,918	491	336	5.71	68.4%
Orientation and Mobility Specialists	17	8	3	5.67	37.5%
Physical Therapists	1,811	427	303	5.98	71.0%
Physicians and Pediatricians	3	2	1	3.00	50.0%
Psychologists	11	4	3	3.67	75.0%
Service Coordination	3,297	228	173	19.06	75.9%
Social Workers	69	39	21	3.29	53.8%
Special Instruction	1,307	273	226	5.78	82.8%
Speech and Language Pathologists	2,420	613	444	5.45	72.4%
Total	11,639	2,502	1,740	6.69	69.5%

Source: Provider listing from CFO and SuperSPOE database as of 2/22/04

Notes:

A – Number of children receiving services on June 30, 2003

B – Number of providers enrolled with the CFO as of June 30, 2003

C – Number of enrolled providers who were providing services to the children in column A

D – Average caseload = column A / column C

E – Percent of Enrolled Providers Providing Services = column C / column B

Provider Module Training during 2002-03

Module Title	Sessions	Attendees
Module I: FS Orientation	21	430
Module II: FS Evaluation and Assessment	12	248
Module III: IFSP Outcomes in Natural Environment	7	138
Module IV: FS Transition	4	96
Specialty Module: Service Coordination	6	57
Total*	50	969

* Total attendees may be duplicated if providers attended multiple trainings.

Source: STRS database from Center for Innovations in Education (CISE)

The current SPOE system allows for a less than full-time director or administrator, however the new Phase 1 RFP requires a full-time director who shall be responsible for over-all program oversight, all administrative functions associated with operating the SPOE, and ensuring that day to day operations are conducted in a business-like manner at all times. Based on 2002-03 data, Intake Coordinators at SPOEs have varying average monthly caseloads by region. The SPOE regions with the largest average referral caseloads are the SPOEs that are having the most trouble meeting 45 day timelines. Therefore, it appears that some SPOEs are not adequately staffed to handle all referrals in a timely manner. At a statewide level, the average caseload for providers is very low to reasonable, but we know, from various inputs from SPOEs, the SICC and service coordinators, that there are provider shortages, particularly in rural areas and for some provider types. We also are aware that there are many providers listed on the provider matrix who are not currently serving any First Steps children and appear to have little intent to provide any First Steps services. The Division is currently working on removing non-participating providers from the matrix. In addition, the new webSPOE software will add a "No Provider Available" option so that data on provider shortages can be collected and analyzed and used to focus provider recruitment efforts.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003)

- There are sufficient numbers of trained administrators, service coordinators, teachers, service providers, paraprofessionals and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

Provider recruitment has been a priority since implementation of the redesigned program began in April of 2002. Continued efforts are needed to identify areas in which there are shortages as well as target recruitment efforts to those areas. In order to have enough providers to provide services, deadlines for training requirements were extended to allow providers to enroll. Deadlines have been re-established as June 30, 2004 for Phase 1 and December 1, 2004 for Phase 2. All providers wishing to enroll as new providers must complete Module I - Orientation before they can enroll with the CFO as of April 1, 2004. The deadline for all currently enrolled providers to complete Module I - Orientation is May 1, 2004. Changes to the SPOE software and the Phase 1 RFP address provider shortages and recruitment issues. Currently, five module trainers are IHE faculty members and are imbedding training modules into curricula.

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under "Baseline/Trend Data and Analysis" will be considered baseline. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

4. Projected Targets:

- All services identified in IFSPs will be provided.
- No child will go without a needed service because of lack of providers.
- Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.I, CE.I and CE.IV

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.II GS.IV	5.2	5.2.5	Develop and implement new training modules	Coordinate data for CISE and CFO for better planning for training	Data coordinated	Ongoing	EP, CISE, CFO
GS.IV	6.2	6.2.7	Update Child Data System	Add "No Provider Available"	All services provided	2004-05	Data
GS.IV	10.1	10.1.1	Review personnel exemptions	Revise personnel standards	Standards revised	2003-04	EP, Comp
GS.IV	10.1	10.1.2	Review personnel exemptions	Develop written procedures regarding exemption process	Procedures developed	2003-04	EP
GS.IV	10.1	10.1.3	Review personnel exemptions	Move process to CFO	Process moved	2004-05	EP
GS.IV CE.I	10.2		Review and revise credentialing process		All providers credentialed	3/2005	EP, CFO
GS.IV	10.3		Revise personnel guide	Revise personnel standards	Standards revised	2003-04	EP
GS.IV GS.V	10.4	10.4.1	Monitor availability of qualified personnel	Monitor Specialty by SPOE by County report	Providers are qualified, timely evaluation/assessment	Ongoing	DSE Staff
GS.IV GS.V	10.4	10.4.2	Monitor availability of qualified personnel	Monitor State Map of PT/OT/Speech Providers	Providers are qualified, timely evaluation/assessment	Ongoing	DSE Staff
GS.IV GS.V	10.4	10.4.3	Monitor availability of qualified personnel	Monitor State Map of Service Coordinators	Providers are qualified, timely evaluation/assessment	Ongoing	DSE Staff
GS.IV GS.V	10.4	10.4.4	Monitor availability of qualified personnel	Monitor on-line service provider matrix	Providers are qualified, timely evaluation/assessment	Ongoing	DSE Staff
GS.IV GS.V	10.4	10.4.5	Monitor availability of qualified personnel	Make contacts with SPOEs and FS Facilitators	Providers are qualified, timely evaluation/assessment	Ongoing	DSE Staff
GS.IV GS.V	10.4	10.4.6	Monitor availability of qualified personnel	Monitor Child Complaint Findings	Providers are qualified, timely evaluation/assessment	Ongoing	DSE Staff
GS.IV	10.5	10.5.1	Provider recruitment and enrollment	Utilize data reports	Provider shortage decreases, recruitment activities implemented	Ongoing	EP, Facilitators, SPOEs

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.IV	10.5	10.5.1.1	Provider recruitment and enrollment	Monitor Specialty by SPOE by County report	Provider shortage decreases, recruitment activities implemented	Ongoing	EP, Facilitators, SPOEs
GS.IV	10.5	10.5.1.2	Provider recruitment and enrollment	Monitor State Map of PT/OT/Speech Providers	Provider shortage decreases, recruitment activities implemented	Ongoing	EP, Facilitators, SPOEs
GS.IV	10.5	10.5.2	Provider recruitment and enrollment	Provide ongoing enrollment information	Provider shortage decreases, recruitment activities implemented	Ongoing	EP
GS.IV	10.5	10.5.3	Provider recruitment and enrollment	Revise provider enrollment web page	Provider shortage decreases, recruitment activities implemented	Ongoing	EP
GS.IV	10.5	10.5.4	Provider recruitment and enrollment	Develop process and procedures for recruitment	Provider shortage decreases, recruitment activities implemented	Ongoing	EP, Facilitators, SPOEs
CE.I GS.IV	10.5	10.5.5	Provider recruitment and enrollment	Service Coordinator Credentialing	All Service Coordinators credentialed	3/2005	EP,CFO
CE.I GS.IV	10.5	10.5.6	Provider recruitment and enrollment	Supervision of associates		Ongoing	EP
CE.I GS.IV	10.5	10.5.7	Provider recruitment and enrollment	Make available service coordinator recruitment brochure and information through facilitators	Sufficient number of Service Coordinators to meet demands	Ongoing	Facilitators, Funds
CE.I GS.IV	10.5	10.5.8	Provider recruitment and enrollment	Continue implementation of provider recruitment plan through facilitators	Sufficient number of providers to meet demands	Ongoing	Facilitators, EP